

**VICTIM RIGHTS COMPLIANCE INITIATIVE  
COMPLAINT FORM**

*Sponsored by:*

**The Maryland State Board of Victim Services  
and  
The Governor's Office of Crime Control & Prevention  
410.821-2866 or Toll Free 1.877.687.9004**

*If you are a victim of a crime and feel that your rights have been violated during any phase of the criminal justice process, please complete the following information to the best of your ability. Please return this form to: Compliance Monitor, Governor's Office of Crime Control & Prevention, 300 E. Joppa Road, Suite 1105, Baltimore MD 21286.*

**Please type or print legibly. Use additional sheets if necessary.**

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**VICTIM INFORMATION**

**Victim:** \_\_\_\_\_

Victim or Victim's Representative Name: (if different than individual filing the complaint) \_\_\_\_\_

**Mailing Address:**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

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**CRIME INFORMATION**

Date Crime or Incident Occurred: \_\_\_\_\_ Type of Crime: \_\_\_\_\_

Location of Crime: (City/Town) \_\_\_\_\_ County: \_\_\_\_\_

Has the crime been reported to law enforcement? (Y/N): \_\_\_\_\_ What agency was the crime reported to? \_\_\_\_\_

Name of offender(s), if known: \_\_\_\_\_

Police Report No., if any \_\_\_\_\_ Was the offender an adult or juvenile? \_\_\_\_\_

Has the person been charged with a crime? \_\_\_\_\_ Name of court: \_\_\_\_\_

Court Case No., if known: \_\_\_\_\_ has the case gone to trial? \_\_\_\_\_

Prosecuting Attorney: \_\_\_\_\_ Trial/Plea Status (if known) \_\_\_\_\_

Judge: \_\_\_\_\_ Sentencing Date (if known) \_\_\_\_\_

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**STATEMENT OF COMPLAINT (Please describe what right or rights (see list) you believe have been violated.**

Also, identify the person(s) and/or agency that failed to provide the right(s). Be as specific as possible.

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Have you attempted to resolve your complaint by other means? \_\_\_\_\_

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What happened?

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Please provide any additional information or comments you feel are important to understanding the complaint.

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**The information contained in this complaint is true and correct, to the best of my knowledge. I understand and agree that the information regarding my complaint is not confidential and will be shared with the person or agency subject of the complaint, staff of the Governor's Office of Crime Control & Prevention and the Maryland State Board of Victim Services.**

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**Signature of victim or victim representative**

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**Date**

## *State of Maryland Constitution and Statutory Rights (Excerpts)*

- *The right to be treated with dignity, sensitivity and respect*
- *The right to be informed of the availability of victim compensation assistance, financial assistance, medical treatment, and emergency crisis intervention*
- *The right to be notified of court events related to your case*
- *The right to be present at the court events related to your case*
- *The right to be heard before sentencing is imposed*
- *The right to request restitution from your offender*
- *The right to be informed of a plea agreement*
- *The right to be notified of the custody status of an offender*

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